

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *John C. Casper*

Town *Millington* County *Orleans*

Died at *Millington*

Date of death *1908* Month *9* Day *29* Age *1* Years *1* Months *6* Days

Sex *Male* Color or Race *White* Birth-place *Ind*

Occupation _____ Where Residing if not at place of death _____

Married, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary

How long

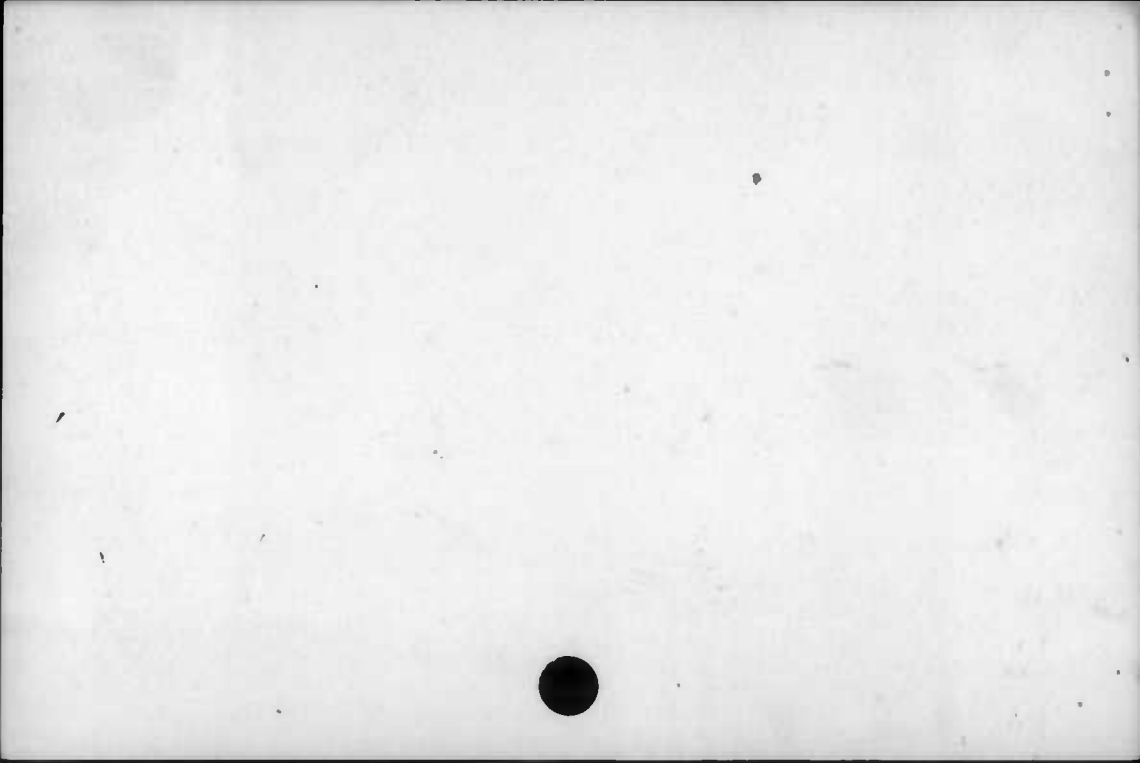
Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?



Name
in
Full

Brufman Chambers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

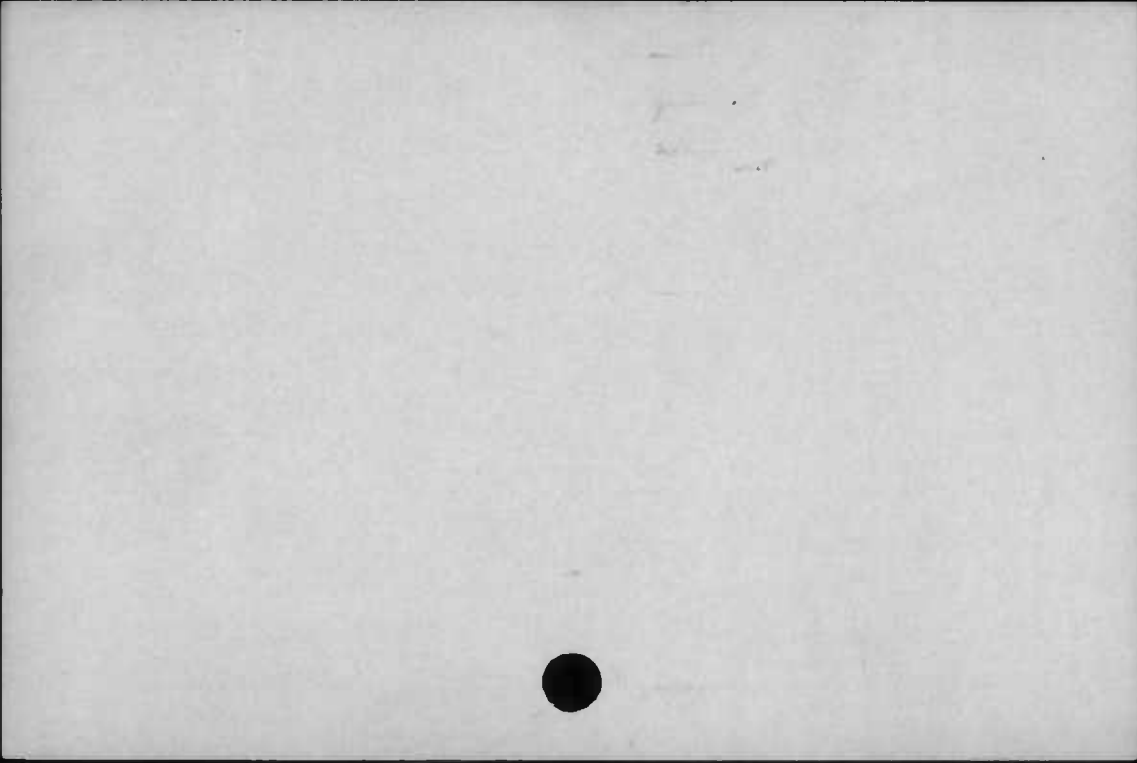
Died at <i>Chester town</i>		Town <i>Kent</i>		County		MARYLAND	
Date of death	<i>1907</i>	Month <i>Sept</i>	Day <i>16</i>	Age <i>35</i>	Years	Months <i>6</i>	Days <i>24</i>
Sex <i>male</i>	Color or Race <i>Black</i>		Birth-place <i>Chester town</i>				
Occupation <i>Freighter</i>	Where Residing if not at place of death <i>Chester town</i>						
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Lulu Chambers</i>						
Father's Name <i>Thomas Chambers</i>	Father's Birthplace <i>Chester town</i>						
Mother's Maiden Name <i>Hazlett Dale</i>	Mother's Birthplace <i>Kent Co.</i>						
Name of person giving information <i>Lulu Chambers</i>	How related to deceased <i>Wife</i>						

CAUSES OF DEATH

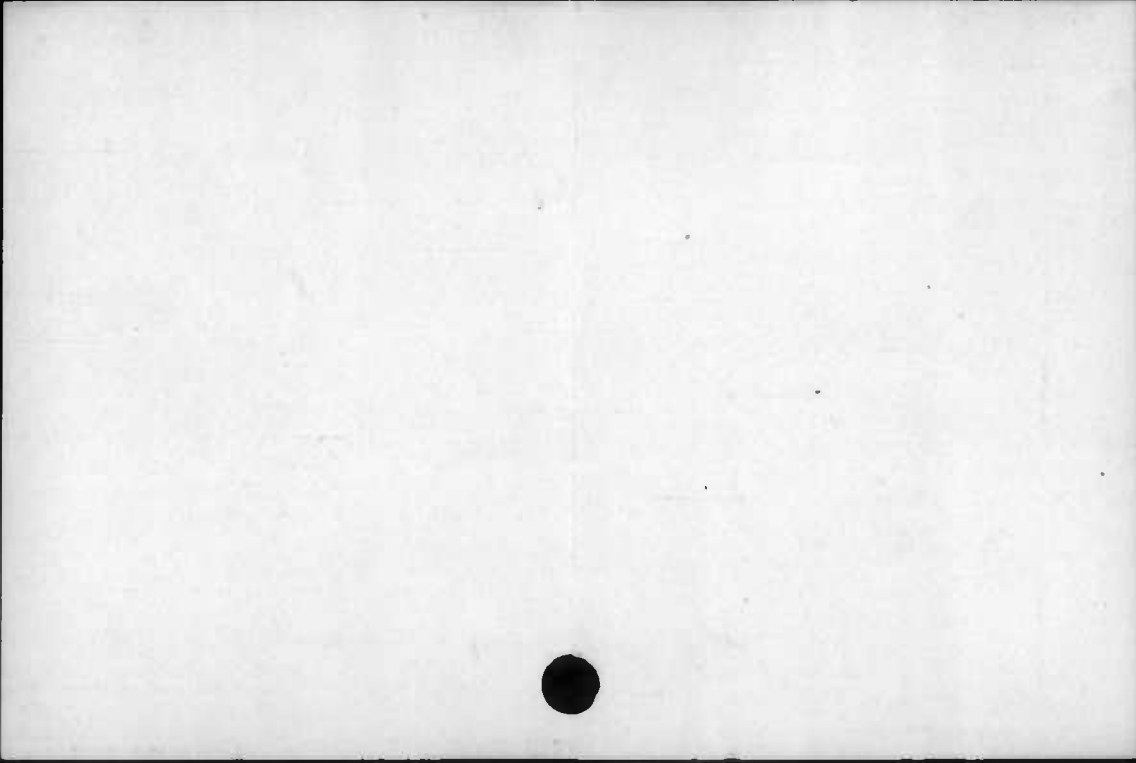
112

PHYSICIAN
OR CORONER

Primary <i>Cyphosis of Liver</i>	How long <i>about 10 months</i>
Immediate <i>Typhemia</i>	How long <i>8 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Frank B. Hise</i>
	Address <i>Chester town md</i>
Accident or Suicide? <i>no</i>	



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Bertha May Cox		County		MARYLAND
	Died at near Locust Grove		Town		Stent
	Date of death	1904	Month	Sept	Day
	Age		17	Years	Months
	Sex		female	Color or Race	White
	Birthplace		Ind	Occupation	
	Where Residing if not at place of death				
	Married, Single or Widowed		single	Name of Wife or Husband	
PHYSICIAN OR CORONER	Father's Name		John T. Cox		Father's Birthplace
	Mother's Maiden Name		Della Culley		Mother's Birthplace
	Name of person giving information		J.T. Cox		How related to deceased
	CAUSES OF DEATH				
	Primary		Typhoid Fever		How long
	Immediate		Internal hemorrhage		How long
Are the name, age, sex, color, date and place correctly given above?		yes		27 days. one hour.	
Signature of Physician		G. Lewis Barwick		Kennedyville	
Address		Md.			
Residence of Suicide?					



Name
in
Full

Clarence Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

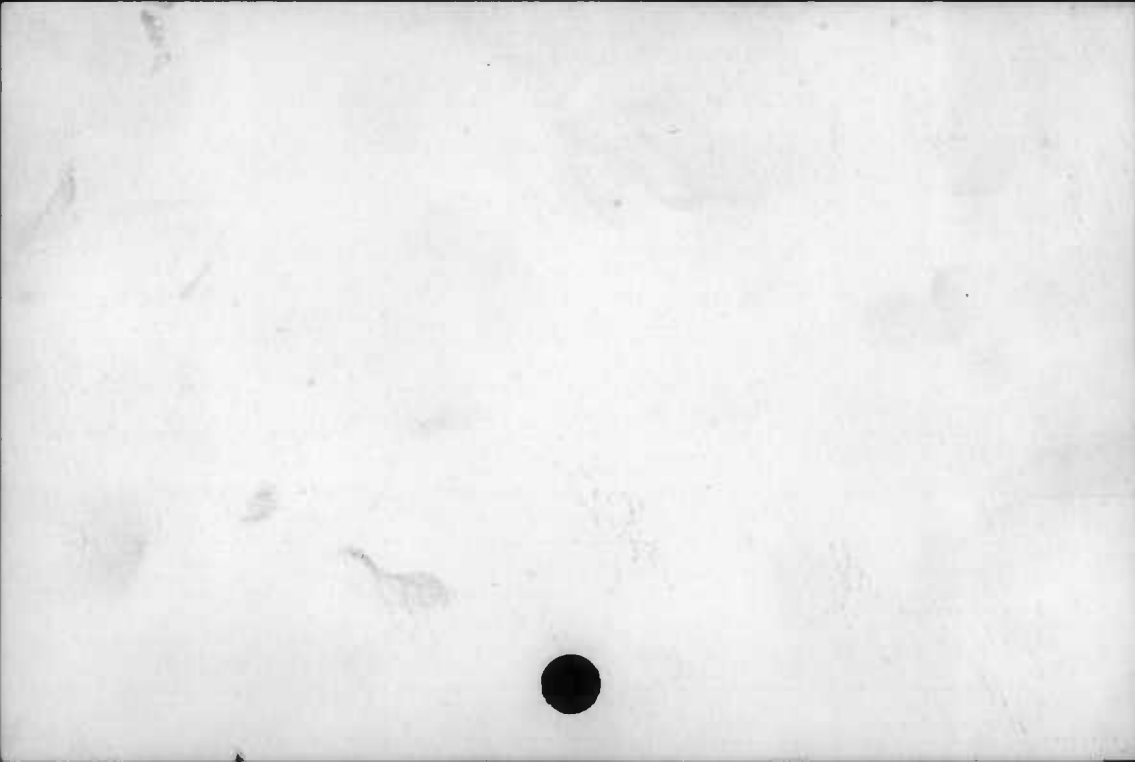
Died at		Town Millington		County Kent		MARYLAND	
Date of death		1908	Month Sept.	Day 30	Age 24	Months	Days
Sex Male		Color or Race Ethiopian		Birth- place Near Millington			
Occupation Day Laborer				Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Caesar Green		Father's Birthplace					
Mother's Maiden Name Jane		Mother's Birthplace Millington					
Name of person giving In formation Caesar Green		How related to deceased Father					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	How long In attendance
Immediate Tuberculosis	How long a week
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician N. M. Jeter M.D.
	Address Millington, Md.
Accident or Suicide?	



Name
in
Full

Raymond C. Hamilton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chester town</i>		County <i>Kent</i>		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1908	Sept.	13	Age 1	7	29
Sex	Color or Race		Birth-place		
Male	Colored		Chester town		
Occupation			Where Residing if not at place of death		
Infant			At home		
Married, Single or Widowed		Name of Wife or Husband			
Infant					
Father's Name			Father's Birthplace		
James Hamilton			Chester town		
Mother's Maiden Name			Mother's Birthplace		
Claudine Hamilton			Chester town		
Name of person giving information			How related to deceased		
James Hamilton			Father		

CAUSES OF DEATH

36

PHYSICIAN
OR CORONER

Primary	<i>Syphilis</i>	How long	<i>all life</i>
Immediate	<i>Cyph. meningitis</i>	How long	<i>30 or 40 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		<i>H. K. Simmons</i>	
		Address	
		<i>Chester town</i>	
		<i>md.</i>	
Accident or Suicide?			

9

J. m. 2

Name
in
Full

Emily Ann. Massy. Hendrickson.

CERTIFICATE OF DEATH

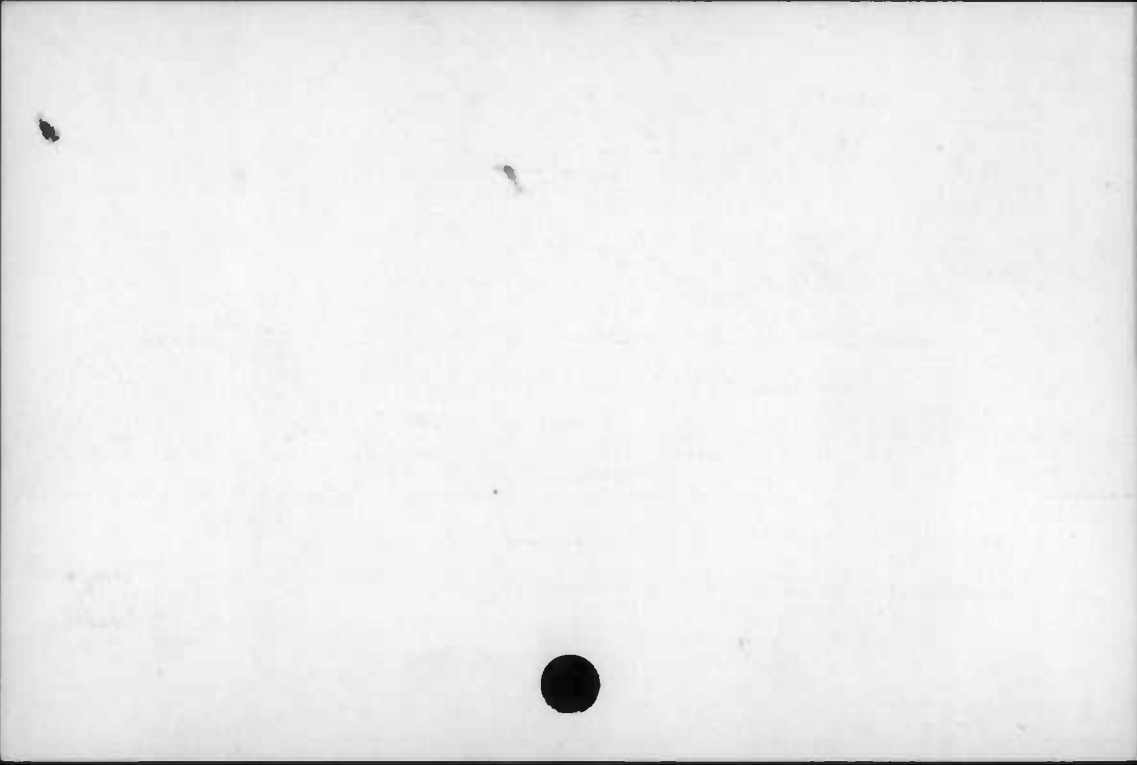
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Millington		^{County} Kent		MARYLAND	
Date of death	1908	Month	Sept	Day	18
Age	49	Years		Months	10
Sex	Female	Color or Race	White	Birth-place	Maryland
Occupation	Housewife		Where Residing if not at place of death Millington		
Married, Single or Widowed	Married	Name of Wife or Husband Henry Clay Hendrickson.			
Father's Name	R B M. Massy.			Father's Birthplace	Maryland
Mother's Maiden Name	Verma Della. Smy.			Mother's Birthplace	Maryland.
Name of person giving information	Henry Clay Hendrickson.			How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tonsillitis, Croup, Typhoid fever		How long	Three weeks
Immediate	Intestinal hemorrhages		How long	Several hours,
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	H M Jester	
Yes		Address	Millington.	
Accident or Suicide?		Med.		



Name
in
Full

(no name) Kyrson

CERTIFICATE OF DEATH

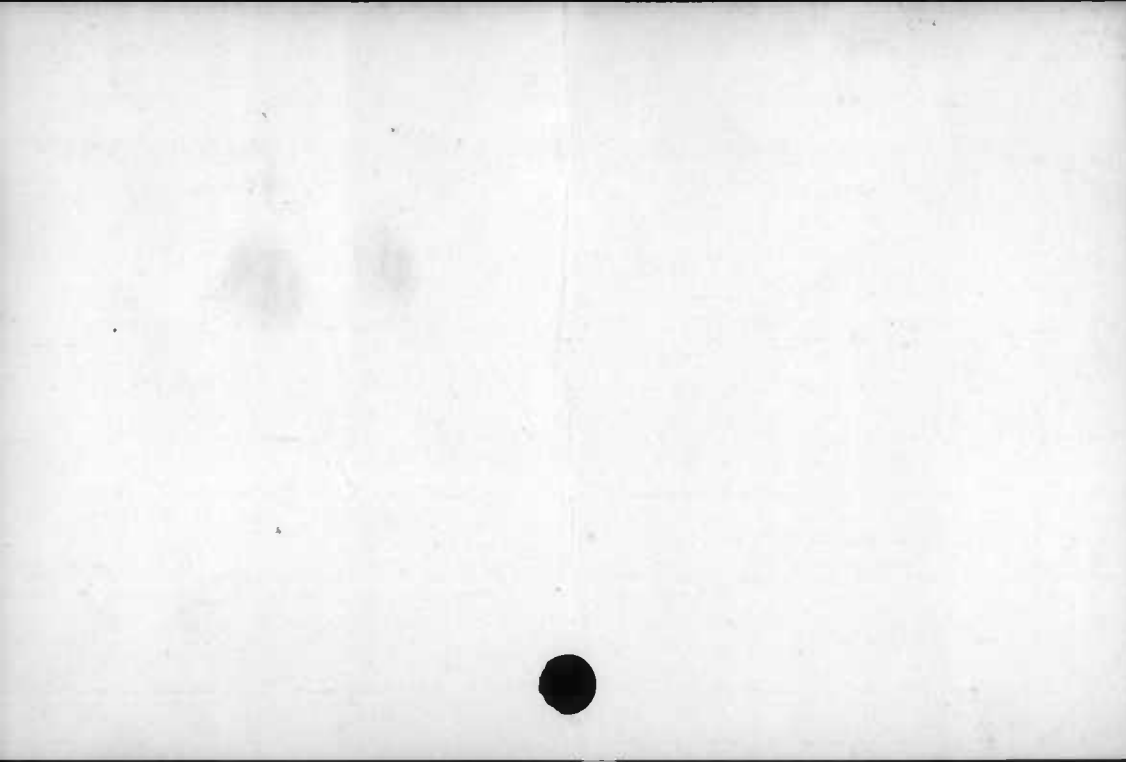
Died at		Town Near Harbor		County Kent		MARYLAND	
Date of death	1908	Month Sept	Day 18	Age Years	3	Months	0
Sex	Female		Color or Race	Colored		Birth- place	Near Harbor
Occupation	infant			Where Residing if not at place of death		at home	
Married, Single or Widowed	infant		Name of Wife or Husband				
Father's Name	Sivi Kyrson					Father's Birthplace	Kent Co
Mother's Maiden Name	Susan Phillips					Mother's Birthplace	Kent Co
Name of person giving information	Mrs. Willis					How related to deceased	not at all

CAUSES OF DEATH

179

Primary	Marasmus	How long	all life
Immediate	Marasmus	How long	all life
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	H. B. Simmons
		Address	Chesapeake md
Accident or Suicide?	no.		

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Wm. Wesley Hyman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Lanham* ^{County} *Kent* **MARYLAND**

Date of death 190 ^{Month} *8* ^{Day} *22* Age ^{Years} *1* ^{Months} *7* ^{Days}

Sex *Male* Color or Race *Col* Birth-place *Ind*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *Isaac A. Hyman* Father's Birthplace *Ind*

Mother's Maiden Name *Rebecca Johnson* Mother's Birthplace *Ind*

Name of person giving Information *Father* How related to deceased _____

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary *Mal nutrition* ^{How long} *Since birth*

Immediate *Exhaustion* ^{How long} *several days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. W. attending*

Address *1414 S. W. Ave. Local Board of Health*

Accident or Suicide *No*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date

of death 190 8

Month

9

Day

1

Age

Years

81

Months

6

Days

29

Sex

male

Color or
Race

Colored

Birth-
place

Morgue, Md

Occupation

Laborer

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband

Julia E. Jones

Father's
Name

Amos Jones

Father's
Birthplace

Morgue

Mother's
Maiden Name

Annie E. Albert

Mother's
Birthplace

Morgue

Name of person giving
Information

William W. Jones

How related
to deceased

Son.

CAUSES OF DEATH

123

PHYSICIAN
OR CORONER

Primary

How long

5 years

Immediate

Chronic Cystitis

How long

2 weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

Address

DR. J. HORTON KELLEY

STILL POND, MD.

Accident or Suicide

Margaret Cole Allen

Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Coleman</u> <u>Town</u>		County <u>Kent</u>		
		Date of death <u>1908</u>		Month <u>Sept</u>	Day <u>17</u>	Age <u>1</u> Years
		Sex <u>female</u>		Color or Race <u>Black</u>	Months <u>2</u>	Days <u>3</u>
		Occupation <u>_____</u>		Birth-place <u>md</u>		
		Where Residing if not at place of death <u>_____</u>				
		Married, Single or Widowed <u>_____</u>		Name of Wife or Husband <u>_____</u>		
		Father's Name <u>John H. Jones</u>		Father's Birthplace <u>md</u>		
Mother's Maiden Name <u>Mary Hance</u>		Mother's Birthplace <u>md</u>				
Name of person giving information <u>J. H. Jones</u>		How related to deceased <u>Father</u>				
CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary <u>Enterocolitis</u>		How long <u>6 weeks</u>		
		Immediate <u>_____</u>		How long <u>_____</u>		
		Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>W. S. Maxwell</u>		
		Address <u>Still Pond, Md.</u>				
Accident or Suicide? <u>_____</u>						

Colman.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Eugene W. Jones		Town Still Pond		County Kent		State MARYLAND	
Died at Still Pond		Month Sept		Day 2		Years 27	
Date of death 1908		Age 27		Months —		Days —	
Sex female		Color or Race white		Birth-place Md			
Occupation housewife		Where Residing if not at place of death —					
Married, Single or Widowed Married		Name of Wife or Husband Harry H. Jones					
Father's Name John Whittington		Father's Birthplace Md					
Mother's Maiden Name Amanda Haddley		Mother's Birthplace Md					
Name of person giving Information Harry H. Jones		How related to deceased husband					

CAUSES OF DEATH

42

PHYSICIAN
OR CORONER

Primary Cancer of the uterus	How long 6 months
Immediate Hemorrhage	How long —
Are the name, age, sex, color, date and place correctly given above? yes.	Signature of Physician W. S. Maxwell.
	Address Still Pond. Md.
Accident or Suicide —	

Still Pond

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name in Full *Daniel Lybretes Lober* Died *near Worton* ~~Town~~ County *Kent*

Date of death *1908* Month *Sept.* Day *17* Age *39* Years Months *3* Days *1*

Sex *Male* Color or Race *White* Birth-place *Ind*

Occupation *Farmer* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Nellie A. Anderson*

Father's Name *Daniel Lober* Father's Birthplace *Ind*

Mother's Maiden Name *Calherine Gurnell* Mother's Birthplace *Del*

Name of person giving information *Daniel Lober* How related to deceased *Brother*

CAUSES OF DEATH

44

PHYSICIAN
OR CORONER

Primary *Carcinoma of Face* How long *4 years*

Immediate *Exhaustion* How long *5 months*

Are the name, age, sex, color, date and place correctly given above? *Y*

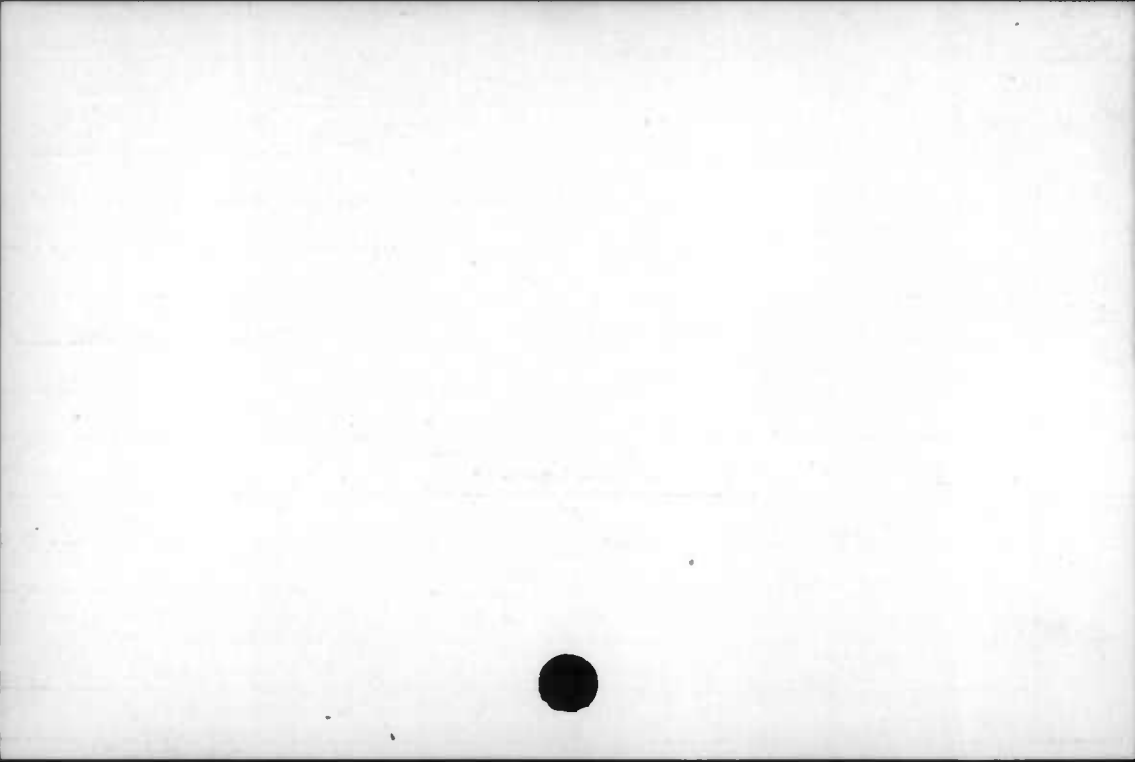
Signature of Physician *Frank W. Smith*

Address *Laurel Ind*

Accident or Suicide? *Q*

Nicks

Name in Full		Mary Ellen. Porter.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Millington		County Kent		MARYLAND	
	Date of death	1908	Month Sept	Day 1	Age	Years	Months Days 8
	Sex	Female		Color or Race	Colored		
	Occupation	Infant		Birth-place		Kent Co. Md.	
	Where Residing if not at place of death						
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	George Porter		Father's Birthplace		Delaware	
Mother's Maiden Name	Mary Ellen. Terrell.		Mother's Birthplace		Maryland		
Name of person giving information	Fletcher Porter		How related to deceased		Father		
<div>CAUSES OF DEATH</div> <div>151</div>							
PHYSICIAN OR CORONER	Primary	Non Assimilation of food				How long	7 days
	Immediate	Starvation				How long	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
					Address		
Accident or Suicide?				Millington, Md.			



Name in Full		Certificate of Death			
Rachel Jane Potts		MARYLAND			
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Sassafraz	County Kent		
	Date of death	1908	Month Sep	Day 10	Age 65
	Sex	Female	Color or Race Colored African	Birth-place Kent Co Md	Months 0
	Occupation	Housewife		Where Residing if not at place of death	Near Sassafraz Md
	Married, Single or Widowed	Name of Husband Alfred Potts			
	Father's Name	Edward Thomas		Father's Birthplace	Not Known
	Mother's Maiden Name	Not Known		Mother's Birthplace	Not Known
Name of person giving information	William Potts		How related to deceased	Son	
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	Causes of bones of foot		How long	5 months
	Immediate	Gangrene of foot		How long	7 days
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. F. Wright M.D.	
	Address		Harford Md		
Accident or Suicide?		no			

146



Name
in
Full

Catherine Harlock Rasin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Melilot</i>		County <i>Kent</i>		MARYLAND	
Date of death		190	Month <i>8</i>	Day <i>28</i>	Age <i>-</i>	Months <i>1</i>	Days <i>10</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Queen Anne's Co</i>			
Occupation <i>Infant</i>				Where Residing if not at place of death <i>At home of father</i>			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>A. Parks Rasin</i>		Father's Birthplace <i>Kent Co</i>					
Mother's Maiden Name <i>Natie Catlin</i>		Mother's Birthplace <i>Queen Anne's</i>					
Name of person giving Information <i>A. Parks Rasin</i>		How related to deceased <i>father</i>					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>about 10 hours</i>
Immediate <i>Pneumonia</i>	How long <i>about 10 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. Bruce Simmons</i>
	Address <i>Chester town md.</i>
Accident or Suicide <i>No</i>	

2



Name
in
Full

Dola Ritchie

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

District near <u>Still Pond</u>		Town <u>Still Pond</u>		County <u>Kent</u>		MARYLAND	
Date of death	1908	Month	Sept	Day	25	Years	18
Sex <u>female</u>		Color or Race <u>black</u>		Birth-place <u>md</u>		Months	Days
Occupation <u>House wife</u>		Where Residing if not at place of death		—			
Married, Single or Widowed <u>married</u>		Name of Wife Husband <u>Richard Ritchie</u>					
Father's Name <u>Davis Wilmer</u>		Father's Birthplace <u>md</u>					
Mother's Maiden Name <u>Lena Brooke</u>		Mother's Birthplace <u>md</u>					
Name of person giving information <u>Davis Wilmer</u>		How related to deceased <u>father</u>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<u>Tuberculosis</u>	How long	<u>7 months</u>
Immediate	<u>Heart failure</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>W.S. Maxwell</u>	
<u>yes</u>		Address <u>Still Pond, Md.</u>	
Accident or Suicide?			

Still Pond

Name
in
Full

Francie Skumon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

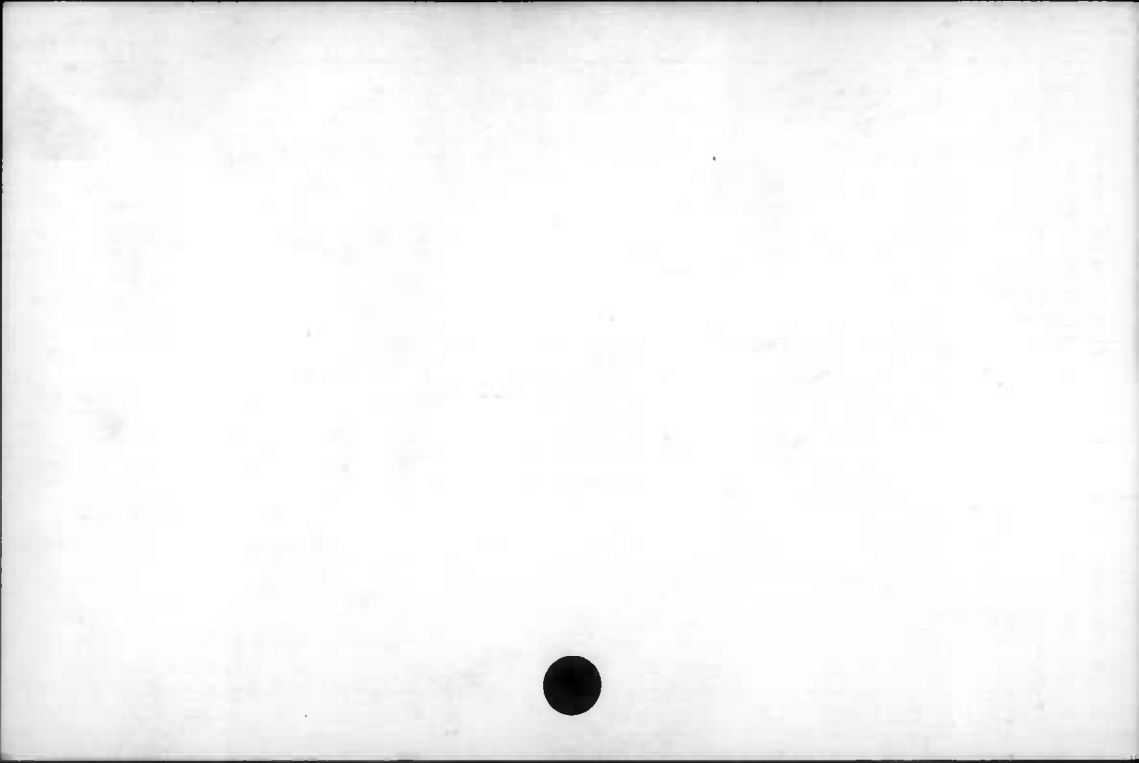
Died at <u>Norton</u> ^{Town}		<u>Kent</u> ^{County}		MARYLAND	
Date of death 190 <u>8</u> ^{Month} <u>Sept.</u> ^{Day} <u>28</u>		Age <u>13</u> ^{Years}		<u>7</u> ^{Months} <u>7</u> ^{Days}	
Sex <u>male</u>		Color or Race <u>White</u>		Birth-place <u>Baltimore</u>	
Occupation <u> </u>		Where Residing if not at place of death <u>Norton</u>			
Married, Single or Widowed <u> </u>		Name of Wife or Husband <u> </u>			
Father's Name <u>John Skumon</u>		Father's Birthplace <u>Bohemia</u>			
Mother's Maiden Name <u>Elizabeth Handle</u>		Mother's Birthplace <u> </u>			
Name of person giving information <u>Andrew Saw</u>		How related to deceased <u>friend</u>			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <u>Who edite</u>	How long <u>2 weeks</u>
Immediate <u>Convulsions & apnoea</u>	How long <u>several hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>V. G. Simpson</u>
	Address <u>6 Chestnut St. N.E.</u>
Accident or Suicide <u>No</u>	



Name
in
Full

James Thomas Shriver

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

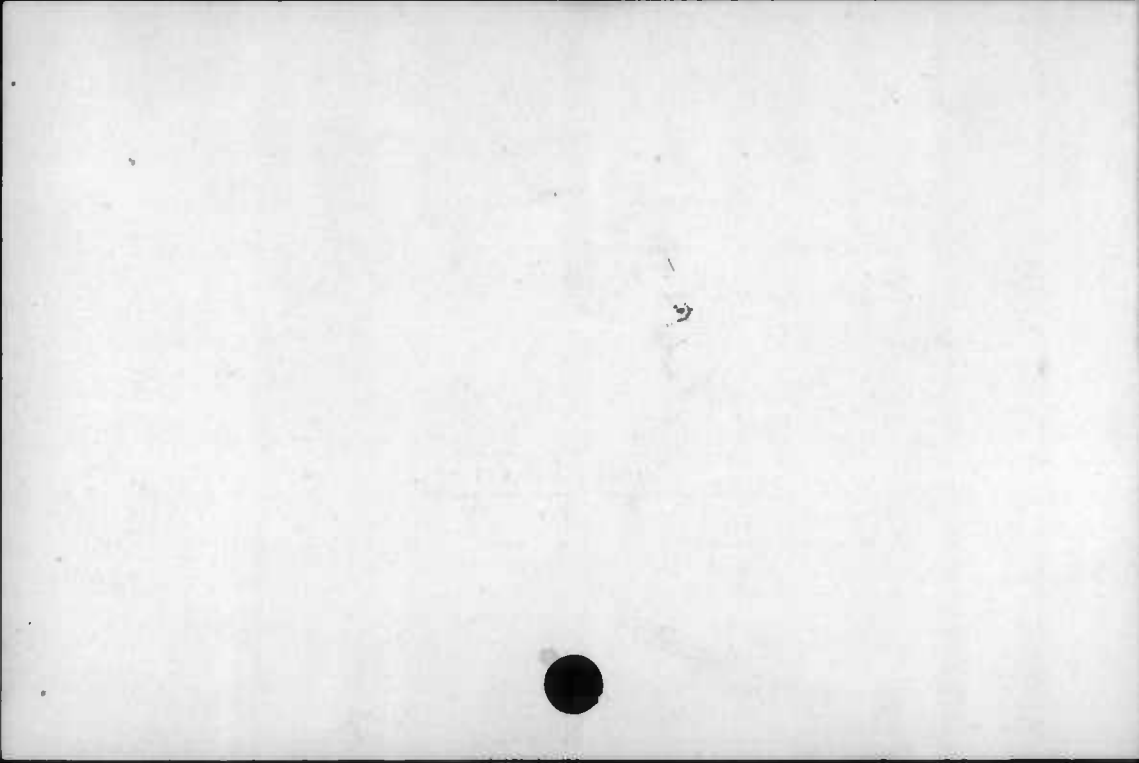
Died at <i>Penny Neck</i>		Town <i>Kent</i>		County <i>-</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>Sept</i>		Day <i>8</i>		Age <i>66</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>-</i>		Months <i>-</i> Days <i>-</i>	
Occupation <i>Water man</i>		Where Residing if not at place of death <i>at place of death</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Ann M. Jones</i>					
Father's Name <i>James Shriver</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Ann Letherbar</i>		Mother's Birthplace <i>England</i>					
Name of person giving information <i>Carroll Shriver</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>2 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>Thurs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. O. Selby</i>	
		Address <i>Rock Hall Md.</i>	
Accident or Suicide? <i>-</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Still Pond</i>		Town <i>Kent</i>		County		MARYLAND	
Date of death <i>1908</i>		Month <i>Sept</i>		Day <i>8</i>		Age <i>70</i>	
Sex <i>male</i>		Color or Race <i>Black</i>		Birth-place <i>md</i>		Months <i>—</i>	
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>—</i>		Years <i>—</i>		Days <i>—</i>	
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>unknown</i>		Father's Birthplace <i>md</i>		Mother's Birthplace <i>md</i>	
Father's Name <i>George Sigers</i>		Mother's Maiden Name <i>Annie Lamb</i>		How related to deceased <i>nephew</i>			
Name of person giving Information <i>Alexander Thomas</i>							

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Bright's disease</i>	How long	<i>9 months</i>
Immediate	<i>Heart failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W.S. Maxwell</i>	
		Address <i>Still Pond, Md.</i>	
Accident or Suicide			

Mit Zion

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

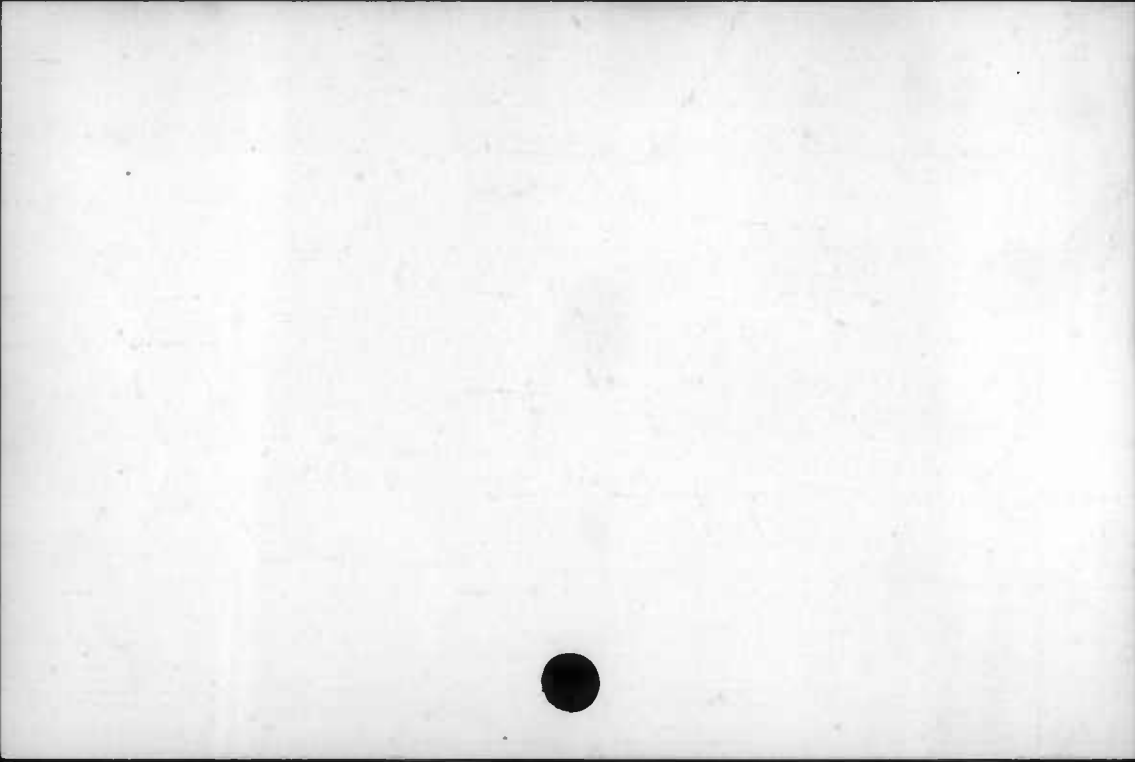
Name in Full <i>George W. Smith</i>		Town <i>Chestertown</i>		County <i>Kent</i>		MARYLAND	
Died at		Month <i>9</i>		Day <i>28</i>		Years <i>75</i>	
Date of death <i>1908</i>		Age <i>75</i>		Months <i>7</i>		Days <i>6</i>	
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Id</i>			
Occupation <i>Retired merchant</i>		Where Residing if not at place of death <i>Chestertown Id.</i>					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Margaret S. Smith</i>					
Father's Name <i>Joseph S. Smith</i>		Father's Birthplace <i>Id</i>					
Mother's Maiden Name <i>Elizabeth Wilkinson</i>		Mother's Birthplace <i>Id</i>					
Name of person giving information <i>Margaret S. Smith</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Bright's Disease</i>	How long <i>About 12 days</i>
Immediate <i>hepatitis</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>D. S. Graham</i>
<i>J</i>	Address <i>Chestertown Id.</i>
Accident or Suicide?	



Name
in
Full

Cassie Whittington

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Near Blacks Sta</u>		Town <u>Kent</u>		County	
Date of death <u>1908</u>		Month <u>Sept</u>	Day <u>8</u>	Age <u>18</u>	Years
Sex <u>female</u>		Color or Race <u>black</u>		Birth-place <u>ind</u>	
Occupation <u>cook</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>Unknown</u>			
Father's Name <u>James Whittington</u>		Father's Birthplace <u>ind</u>			
Mother's Maiden Name <u>Ellen Freeman</u>		Mother's Birthplace <u>ind</u>			
Name of person giving information <u>" "</u>		How related to deceased <u>Mother</u>			

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<u>Heart failure.</u>	How long	<u>a few minutes,</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <u>yes,</u>		Signature of Physician <u>W. S. Maxwell,</u>	
		Address <u>Still Pond, Md.</u>	
Accident or Suicide? <u>2</u>			

Still Pond

Name
in
Full

Carrie Bell W onnell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Chesapeake ^{Town} Kent ^{County} **MARYLAND**

Date of death 1908 ^{Month} Sept ^{Day} 13 ^{Years} 15 ^{Months} ^{Days}

Sex Female Color or Race Col Birth-place Ind

Occupation School girl Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Alfred W onnell Father's Birthplace Ind

Mother's Maiden Name Lula W onnell Mother's Birthplace Ind

Name of person giving Information Alex Chaney How related to deceased Wom

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Acute Miliary Tuberculosis How long 5 wks

Immediate Exhaustion How long one week

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician R. L. Humphreys

Address Chesapeake

Accident or Suicide No

